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919 7	7590 08/04	/2010		h	ave its own certificat	e of mail	ing or transmission.				
PITNEY BOWE	PITNEY BOWES INC.						Certificate of Mailing or Transmission				
INTELLECTUAL 35 WATERVIEW	. S a tu	I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE File address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.									
MSC 26-22 SHELTON, CT 06	[(Depositor's name)									
				L					(Signature)		
									(Date)		
APPLICATION NO.	FILING DATE		FIRST NAMED IN		OR	ATTOR	NEY DOCKET NO.	CONFIRMATION	NO.		
10/582,741 05/04/2007				James A. Euchner	F-683-O1 8708						
TITLE OF INVENTION: POSTAL PAYMENT APP	METHOD FOR MA	JL ADDRESS	BLOCK	MAGE INFORMATI	ON ENCODING, F	ROTEC	TION AND RECO	ERY IN			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DU	Œ		
nonprovisional	NO	\$151	0	\$300	\$0		\$1810	11/04/20	10		
EXAMINER		ART UNIT		CLASS-SUBCLASS							
BAYOU, YONAS A				713-176000							
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 				For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys 1 Michael J. Cummings							
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				or agents OR, alternatively,							
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patient attorneys or agents. If no name is listed, no name will be printed.							
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PLEASE NOTE: Unless an assignce is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filled for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.											
(A) NAME OF ASSIGN		(B) RESIDENCE: (CITY and STATE OR COUNTRY)									
Pitney Bowes Inc.			Stamford, Connecticut								
Please check the appropriate	e assignee category or	categories (wil	l not be p	inted on the patent):	☐ Individual 🖾 C	orporatio	n or other private gro	sup entity 🗖 Gov	ernment		
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Issue Fee				A check is enclosed.							
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a. Applicant claims Si				b. Applicant is no le							
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Authorized Signature	/Michael J. Cu	mmings/		Date November 2, 2010							
Typed or printed name Michael J. Cummings				Registration No. 46,650							
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